

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591640

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	3					
5	4					
6	5					
7	6					
8	7					
9	8					
10	1					
11	2					
12	3					
13	4					
14	5					
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37	28					
38	29					
39	30					
40	31					
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42	33					
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44	35					
45	36					
46	37					
47	38					
48	39					
49	40					
50	41					
TOTAL IND.		2		2		
TOTAL DEP.	13		13		13	
TOTAL CLAIMS		13		13		

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		2		2		
TOTAL DEP.	13		13		13	
TOTAL CLAIMS		13		13		